VENDOR "A"

1. What Voice Recognition system is in use at VISN 9?

> **Huntington – No VR, Transcription Service**
> **Lexington, VISN – Nuance PowerScribe360**
> **Louisville – PowerScribe v4.7 – Purchasing VISN – Nuance PowerScribe360**
> **Memphis, no VR, Implementing VISN - Nuance PowerScribe360**
> **Mountain Home – Talk 4.0.0.8365**
> **Tennessee Valley, VISN - Nuance PowerScribe360**

2. Can you clarify what you mean by Service Level Agreements with multiple service providers (2.3.7)?

> **Outline any hardware support agreement with a third party vendor.**

3. Studies from 2007 and later equate to a 7-year time span, using today's date as a measure. 3.1.2.1 and 3.1.2.2 equal a 5-year time frame, but are referred to as "entire PACS database". Wondering what two years are missing, the upfront ones or the most recent? Or, should this actually encompass 7 years?

> **Migrate 10/1/2009 to current.**

4. For 3-D, 3.2.1.20 references third-party solution. I'm informed that one vendor, TeraRecon, may deal with all VA opportunities directly (in sales and maintenance). This would impact cost when compared to this solution being provided via the PACS vendor. Wondering if this direct relationship with TeraRecon may indeed come to pass with VA on this opportunity?

> **This has not yet been determined. Please bid as if the PACS vendor were to provide the basic 3D solution as outlined in section 3.2.1.20.**

5. What do you consider basic 3-D (3.2.3.5 & 3.2.4.1)?

> **See section 3.2.1.20 (only)**

6. Can you clarify what is meant by Rejected Image Analysis?

> **Analysis (Rate) of images rejected as diagnostically unacceptable during imaging procedures.**

7. Can you clarify what is meant by ED Discrepancy?

> **ED Discrepancies should be an understood term by a PACS vendor. The purpose is for communication of radiograph discrepancies between radiology and emergency departments when discrepant interpretations occur between the preliminary reading by an ED physician and the final reading by a radiologist.**

8. MPPS is defined as "Megapixel Per Second"; wondering if it should be Modality Performed Procedure Step?

Modality Performed Procedure Step

9. When Intuitive did its VistA validation, VistA wasn't bi-directional (but we were). Some of the questions imply that it is now bi-directional. Is this now the case? We're ready if so.

In regards to radiology reports, VistA is not bi-directional.

10. In 3.7.4 it states "Integrated PACS and VistA worklist management is required". In 3.7.7, it states "Vendor PACS/RIS shall interface with worklists as an option". Are these conflicting, or is the second referring to modality worklist and the first the patient worklist for physicians to read from?

3.7.7 in the SOW is an error. Please disregard.

11. Disaster Recovery can be off-site, but all equipment needs to be with VISN 9 locations. Is there a preferred location within VISN 9 for Disaster Recovery to be located?

Disaster recovery must be within the VA domain. Having it located in VISN 9 is preferred but not a requirement.

12. In clause 3.11.5, it states that "all systems shall support mirroring...". Does this imply that you want actual mirrored archives at all levels (facility, VISN data center and disaster recovery), or merely that all exams reside in at least duplicate?

The intent was to ensure a duplication of data as well as a system that is was completely fault tolerant such as rolling clustered servers / storage.

VENDOR "B"

1.   What is the VISN using for VR?

        Huntington – No VR, Transcription Service
        Lexington, VISN – Nuance PowerScribe360
        Louisville – PowerScribe v4.7 – Purchasing VISN – Nuance PowerScribe360
        Memphis, no VR, Implementing VISN - Nuance PowerScribe360
        Mountain Home – Talk 4.0.0.8365
        Tennessee Valley, VISN - Nuance PowerScribe360

2.   What are the security requirements and / or preferences for electronically sending and receiving studies from outside of the VA? Is a point to point VPN required? Is a server in a DMZ required? Is web access (zero footprint) allowed?

        Sending images outside the VA would be necessary to support TeleRadiology. See section 1.11 Security for sending images outside the VA would reside with the VA and the TeleRadiology Vendor. PACS would only transmit DICOM images to an inside NSOC address and provide ongoing cooperation with the VA in support of changes to the TeleRadiology programs. Receiving images into PACS from outside the VA must be performed locally by DVD import with assistance from PACS Administrators or designee.

3.   The RFP requests ISO 9001 compliance. This is not the relevant ISO standard for medical imaging. We request this be changed to ISO 13485 compliance.

        The vendor shall be ISO 9001 and/or ISO 13485 compliant.

4.   In regard to the PACS infrastructure strategy, the RFP section 2.3.7 requests Service Level Agreements with multiple service providers. Can you please elaborate on what is meant by this? Who are the multiple service providers – the Internet providers?

        Outline any hardware support agreement with a third party vendor.

5.   Can you please confirm that the Disaster Recovery site will be within the Continental USA?

        Off Site Storage must be provided and reside within the VA domain. It will be used for catastrophic disaster recovery.

6.   Section 2.11 requests support for IHE "standards". Which IHE profiles are desired? Scheduled Workflow? Any others?

        Proposed PACS must provide support for IHE Teaching File and Clinical Trial Export and comply with the latest version of Integrating the Healthcare Enterprise (IHE).

7.   Can you please provide the name of the commercial PACS vendor(s) at TVHS and Memphis along with the date the systems first archived studies and when the hardware was last upgraded?

> **Memphis - GE Centricity - Upgrade to Version 3.2 in progress.**
> **Tennessee Valley - Philips iSite 3.6x - Upgrade to IntelliSpace 4.4 in progress**

8.   3.2.1 and 3.2.3.14 request support for the vendor's "legacy Windows XP Profession O/S platform." Is the requirement N/A if XP is not used? XP is no longer supported by MicroSoft.

> **Support for XP is no longer a requirement as Microsoft has announced end of support for XP.**

9.   Section 3.2.1.22 describes many Diagnostic Workstation Hardware attributes. However, Section 3.2.1.2 states: "Vendor will reuse current VA owned hardware such as high resolution BARCO monitors, graphics cards and workstations for DxWS." If the VA is providing the hardware, then the VA is the one responsible for assuring all hardware specifications are met. We ask that all vendor requirements relating to diagnostic hardware specifications be deleted.

> **Vendor is expected to provide best effort support and assistance to VA staff in an effort to reutilize existing Government owned DxWS hardware to include diagnostic displays, graphics cards and workstation hardware.**
>
> **The Vendor's proposal shall describe whether its PACS solution is not compatible with any existing PACS DxWS monitors, graphics cards or workstation hardware. Hardware compatibility issues require a brief explanation (software incompatibility, capability or performance inadequacies).**

10.   3.7.2 references the PACS vendor returning the reports to the correct VistA system. Typically, the VR system returns the reports to VistA and VistA returns the reports to the PACS. Can you please confirm that the desired workflow for this implementation is for the VR to send the report to the PACS and the PACS to send the report to VistA?

> **PACS Vendor must provide functionality that facilitates the return of VR system reports to VistA, if applicable.**

11.   Section 3.7.4 requires "Integrated PACS and VistA work list management". Can you please provide specific information on this? For example,   how is the worklist to be used in VistA? Who will be using the VistA worklist? Is VistA or the PACS providing the MWL services – or could it be either to be decided at time of implementation?   Beyond the MWL services, is it really just exam status updates that are required?

> **Integrated PACS and VistA work list management for exam status updates is required. Additionally, Vendor PACS will provide modality worklist as an option.**

12.   Section 3.7.7 also references the PACS using the VistA worklist.   What is envisioned here? The diagnostic workstations using the VistA worklist? If so, is there an API available?

See clarification for 3.7.7 above

13.   Sections 3.7.9 and 3.7.10 discuss bi-directional transfer of report and status information between the PACS and VistA. So, which system is the "source of all truth"? Does this vary with the circumstances? We believe this must be pretty fully spelled.

The Vista/PACS interfaces shall support the transfer of radiographic report text from VistA to PACS. Additionally, the VistA/PACS interfaces shall support the transfer of study status information to provide synchronization of the systems.

14.   On security, who will be responsible for verifying that the PACS meet the VA security guidelines? When do they start this verification process and how long do they have to complete the initial review? We are concerned that implementations could be held up due to verification of security.

Vendor shall provide, 24/7 continuous remote systems health monitoring through active VA Site-to-Site VPN Connection with associated security controls for PACS hardware and software. Required VA Security Training shall be in place and current for technical support staff.

15.   Section 3.8.26 requests that the system "prevent images from being sent to an external device such as a CD/DVD burner or external hard drive/flash drive without proper privileges. The reason for this requirement is to prevent studies/images from being sent to external devices or removable media by all but specified users."   However, in another section, the requirement is that the PACS run in "promiscuous mode". This means that any user of a system that connects to the PACS via DICOM can Query and Retrieve (and the user only needs to know the PACS AE Title, the IP address and the port) the study from the PACS without the PACS providing ANY authentication. Therefore, these two requirements conflict.   Please advise. Could we adjust the requirement to limit the responsibility to users logged into the PACS?

Vendor shall describe their controls to prevent studies/images from being copied to removable media and external device such as a thumb drive without proper privileges.

16.   The following sections describe the vendor's responsibility on installation:

 Typically, the VA provides all cabling outside the computer room. The vendor is responsible for the wiring within our racks, including wiring to our switches. Our responsibility ends at the connection from the switch within our rack to the VA's switch.   Also, typically, the VA is responsible for providing all outlets within the VA walls. Our responsibility ends with providing the correct power cables. Please verify if this is the case with this RFQ.

This statement is accurate.

17.   Section 4.3.4 requests "Other training shall be audience-specific and be tailored to the job-type required. Technologists, Clinical Site PACS Administrators, VISN PACS System Administrators, Information Technology Specialists, Biomedical Equipment Support Specialists and other support staff shall receive training specific to their field of expertise for each site. This will be scheduled by each site's PACS Administrator."

Please provide the number of each user type at each site requiring training. Will the VA provide training facilities that provide computers with access to our applications for this task?

User Type:	Huntington Counts:	Lexington Counts:	Louisville Counts:	Memphis Counts:	Mt Home Counts:	TVHS Counts:
Number of Radiologists:	6	12	50	10	12.5	16
Number of Technologists:	28	31	42	45	29.5	65
Number of Super Users:	0	5	4	0	3	5
Number of PACS Administrators:	0	1	2	1	2	2
Number of Technical Staff (IT, Biomed):	2	4	10	3	3	4

VENDOR "C"

1.2 Please provide manufacturer, brand and version of the Voice Recognition Dictation and Reporting Systems (VR) at each facility in VISN 09.

> **Huntington – No VR, Transcription Service**
> **Lexington, VISN – Nuance PowerScribe360**
> **Louisville – PowerScribe v4.7 – Purchasing VISN – Nuance PowerScribe360**
> **Memphis, no VR, Implementing VISN - Nuance PowerScribe360**
> **Mountain Home – Talk 4.0.0.8365**
> **Tennessee Valley, VISN - Nuance PowerScribe360**

1.8 Is this the only acquisition model that is being considered?

> **Yes**

1.11 Can you provide a listing of each VA external business partner and their applications that would require an interface. We need to understand the scope, ie quantify and what types of interfaces. A network diagram of the entire VISN environment would be most helpful.

> **If necessary, a network topology diagram can be provided to the vendors independently; separate from the solicitation.**

3.1.1 Can you please provide manufacturer, brand and version for each VISNs current commercial PACS system? In addition, we would need to know what the data is currently archived on, ie spinning disk, media etc.. to accurately assess data migration costs.   describe the following for the commercial PACS, Vendor, SW version is possible if all data is located on spinning media.

> **Memphis - GE Centricity – Current upgrade to Version 3.2 in progress.**
> **Tennessee Valley – Philips iSite 3.6x – Current upgrade to IntelliSpace 4.4 in progress**

3.1.1 Can you please provide the total number of actual studies in the archive to be migrated for each facility vs just TB?

Fiscal Year:	Dates:	Huntington Counts:	Lexington Counts:	Louisville Counts:	Memphis Counts:	Mt Home Counts:	TVHS Counts:
FY 2010	10/1/2009 - 9/30/2010	64,680	59,225	73,024	113,517	91,498	160,243
FY 2011	10/1/2010 - 9/30/2011	64,680	55,836	70,700	105,188	85,970	178,424
FY	10/1/2011	65,204	56,197	69,200	105,737	84,036	179,723

2012	- 9/30/2012						
FY 2013	10/1/2012 - 9/30/2013	61,049	57,927	67,219	99,274	82,276	172,380
FY 2014	10/1/2013 - 9/30/2014	59,441	58,736	69,634	97,585	84,187	179,824

3.1.1.1 Can you please provide a detailed examination count for the studies to be migrated by Modality? This will assist in configuration and meeting the storage requirements for each facility and the VISN.

Study count by modality type is not available.

3.2.1.3 Can you please provide the specifications for each current PC?

Vendor is expected to provide best effort support and assistance to VA staff in an effort to reutilize existing Government owned DxWS hardware to include diagnostic displays, graphics cards and workstation hardware.

The Vendor's proposal shall describe whether its PACS solution is not compatible with any existing PACS DxWS monitors, graphics cards or workstation hardware. Hardware compatibility issues require a brief explanation (software incompatibility, capability or performance inadequacies).

3.2.1.21 It is assumed this is just for storage and not a full cardiac PACS with reporting. Multi frame examinations types are typically large in size. Can you provide a listing of the procedure volume for each of these exams by facility to ensure the storage requirements are met?

This is for potential future storage and viewing, not full cardiac PACS w/ reporting.

3.2.1.27 Does this only apply to any new hardware purchased from the awarded vendor?

Yes

3.2.1.28 Does this only apply to any new hardware purchased from the awarded vendor?

Yes – Automated DICOM calibration functionality with light meter built-in or attached for any vendor provided diagnostic displays is required.

3.3.3 Please identify each system, (make, model & version) to ensure bidirectional communication is available.

See 1.2 above.

VENDOR "D"

1. What are the volumes at each site? And what are is there projected growth rate if any at each site?

Fiscal Year:	Dates:	Huntington Counts:	Lexington Counts:	Louisville Counts:	Memphis Counts:	Mt Home Counts:	TVHS Counts:
FY 2010	10/1/2009 - 9/30/2010	64,680	59,225	73,024	113,517	91,498	160,243
FY 2011	10/1/2010 - 9/30/2011	64,680	55,836	70,700	105,188	85,970	178,424
FY 2012	10/1/2011 - 9/30/2012	65,204	56,197	69,200	105,737	84,036	179,723
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FY 2014	10/1/2013 - 9/30/2014	59,441	58,736	69,634	97,585	84,187	179,824
FY 2015 (Estimated)	10/1/2014 - 9/30/2015	60,000	59,900	73,116	99,537	85,870	189,500
FY 2016 (Estimated)	10/1/2015 - 9/30/2016	60,000	61,100	76,771	101,528	87,588	206,000
FY 2017 (Estimated)	10/1/2016 - 9/30/2017	60,000	62,330	80,610	103,558	89,339	215,000
FY 2018 (Estimated)	10/1/2017 - 9/30/2018	60,000	63,580	84,641	105,629	91,126	225,000
FY 2019 (Estimated)	10/1/2018 - 9/30/2019	60,000	64,850	88,874	107,742	92,949	235,000

2. A requirement is for the system to display cardiology. Will we be storing cardiology images, if so, what is the volume for cardiology at each site.

   This requirement is for potential future storage and viewing of cardiology studies. Presently no cardiology volumes.

3. Do they want to read Mammography on PACS?

   Yes.

4. The SOW references a schedule of supplies and services attached. We do not see a schedule of supplies and services.

   Schedule of supplies and services will be included in solicitation.

VENDOR "E"

VISN 9 Clarification Questions:

1.   For each site listed below can the customer provide the following:

•   Number of radiologists that read concurrently
•   Number of radiologists
•   Number technologists
•   Number of technologists that work concurrently
•   Number of Super Users
•   Number of PACS Admins

For all six (6) major organizational entities.

•   Huntington VA Medical Center, West Virginia
•   Lexington VA Medical Center, Kentucky
•   Louisville VA Medical Center, Kentucky
•   James H. Quillen VA Medical Center, Mountain Home, Tennessee
•   Memphis VA Medical Center, Tennessee
•   Tennessee Valley Healthcare System
1.   Nashville Campus, Nashville Tennessee [VISN Central Repository]
2.   Alvin C. York Campus, Murfreesboro, TN

User Type:	Huntington Counts:	Lexington Counts:	Louisville Counts:	Memphis Counts:	Mt Home Counts:	TVHS Counts:
Number of Radiologists:	6	12	50	10	12.5	16
Number of Radiologists that read concurrently:	6	6	15	10	10	14
Number of Technologists:	28	31	42	45	29.5	65
Number of Technologists using system concurrently (per shift):	19	18	20	45	26	30
Number of Super Users:	0	5	4	0	3	5
Number of PACS Administrators:	0	1	2	1	2	2

2. - 2.2 Please clarify the requirements around 99.99% uptime:

It is expected that the system be kept online and available for clinical use 99.99% of the time.

3. - 2.12 Please identify what systems and what workflows you intend to use CCOW to communicate with and support.

None at this time.

4.- 2.14 Please identify what components you wish to have included in the QC plan.

It is expected a QC plan will cover all major system components furnished and supported by the PACS vendor.

5. 3.1.1.1 Please include a breakdown of these archive sizes by number of studies to be migrated.

Fiscal Year:	Dates:	Huntington Counts:	Lexington Counts:	Louisville Counts:	Memphis Counts:	Mt Home Counts:	TVHS Counts:
FY 2010	10/1/2009 - 9/30/2010	64,680	59,225	73,024	113,517	91,498	160,243
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FY 2014	10/1/2013 - 9/30/2014	59,441	58,736	69,634	97,585	84,187	179,824

6. - 3.2.1.20 Does the VISN have a preference for Advanced 3D vendors.

No.

7. - 3.2.1.21 Is display of cine/multi-frame sufficient to meet this requirement, or are analytical tools also needed for angiography and cardiac cath?

Cine/multi-frame is sufficient.

8. - 3.10.1.1.6 seems to be in conflict with 2.2. Please clarify.

99.99% uptime with 72 hours to restore full system functionality in the event of a disaster or catastrophe.

9. - 4.1.1.5 -8 Please clarify what VISN 9's expectations with local cable installations and if cable needs to be run? If so, please let us know what your preferred local resources are that we can work with to provide local cable installations in your facilities?

> **PACS vendors to provide any cable necessary for connection between vendor furnished switches, server hardware, etc. Any cabling required to connect to the VA infrastructure will be furnished by VA.**

10. - 10.1 Would quarterly billing be acceptable

> **Defer to NAC for contractual billing terms.**

11.   Please confirm if you would like frontend workstations quoted. If so, please state the quantity per end user discipline (Rad/Clinical/Tech) / per site. (General Radiology, Mammo, Nuc Med etc).

> **Not a requirement.**

12.   Do you have a preference for a display vendor?

> **No, provided they are diagnostic quality displays that support multidisplay configuration.**

13.   Section 1.1 of the draft Statement of Work ("SOW") indicates that the contract will be structured as a lease. Can the NAC provide the terms (e.g. early termination charge, duties of the government, etc.) which will be included in the lease? Please indicate whether the awardee will be permitted to further negotiate lease terms after award.

> **Defer to NAC.**

14.   Sections 1.8 and 5.2.7 of the SOW provide that Vendors shall "maintain their system to prevent obsolescence of all hardware and software for the duration of the contract." Can the NAC clarify whether such maintenance is required at no additional cost?

> **It is expected that recurring maintenance cost to include necessary technical refreshes when required to sustain performance levels and remediate obsolete hardware conditions will be included as part of the cost-per-study business model.**

15.   Section 1.11 of the SOW requires Vendors to provide "resources and cooperation" to successfully interface with VA External Business Partners. Can the NAC further define what such a provision of resources and cooperation would entail?

> **Providing technical and/or configuration assistance in the event interfacing with VA External Business Partners is required.**

16.   Section 2.11 of the SOW provides that the proposed PACS shall support IHE Standards. Can the NAC specify which IHE standards proposed systems are required to meet?

Proposed PACS must provide support for IHE Teaching File and Clinical Trial Export and comply with the latest version of Integrating the Healthcare Enterprise (IHE).

17.   Section 3.2.1.20 of the SOW requires third party solutions to be listed on the VistA Imaging Approved DICOM Modality Interfaces list as approved by Silver Springs. Can the NAC clarify what VA Silver Springs approval requires?

The details are outlined here: http://www.va.gov/health/imaging/dicom.asp

18.   Section 3.4.2 of the SOW requires Vendors to provide "resources and full cooperation to ensure continued uninterrupted integration with the COTS VR Systems." Can the NAC outline what the provision of resources and full cooperation entails? Further, can the NAC define "uninterrupted integration"?

Providing technical and/or configuration assistance to ensure seamless integration with the VR System.

19.   Section 3.7.12 of the SOW provides that Vendors "shall be responsible for close cooperation with on-site VA Information Technology staff." Can the NAC further define what such cooperation would require?

Collaborate with VA IT staff to provide technical and/or configuration assistance during planning and implementation.

20.   Section 3.8.1 of the SOW provides that the proposed PACS shall comply with the "HIPAA mandates and all regulatory guidelines." Can the NAC identify which regulatory guidelines it intends to reference?

PACS shall comply with all applicable HIPAA guidelines.

21.   Section 6.1.4.3 of the SOW provides that the "VA reserves the right to seize or retain any media, data, or hardware that is involved in any Federal investigation for any reason and not be charged for said items." Can the NAC clarify whether the application of this Section is limited to hardware containing VISN 9 data? In addition, can the NAC further define "any Federal investigation"?

No additional clarification available.

Cost per Study Terms:

Can the NAC provide clarification regarding how payment will be structured should an ordering activity elect to solicit offers based on a cost per study basis? More specifically, can the NAC provide additional clarity on the following points?

22.   Payment milestones and invoicing terms and conditions.

•   Example: for quarterly payments if the item is based on volume how will the annual volume increase be handled for invoicing?

Defer to NAC.

23.   Treatment and application of capital down payments:

•   If awarded as part of an order; clarify the terms for payment. This payment is in addition to the cost per study amount for the order.

Defer to NAC.

24.   Establishment of a minimum volume for the first year of performance.

Defer to NAC.

25.   Reimbursement for incurred costs in cases of early termination.

Defer to NAC.

26.   Terms outlining equipment ownership and corresponding pricing for leasing acquisitions.

Defer to NAC.

27.   Establishment of a process and designation of responsibility for the recording and verification of study volumes

Defer to NAC.

28.   Status of license grants and equipment maintenance after the expiration of the initial contract term

Defer to NAC.

VENDOR "F"

1.   A. what type of WAN and bandwith available between the sites.

        B. Is there a network topology map for review?

        If necessary, a network topology diagram can be provided to the vendors independently; separate from the solicitation.

2.   Will VISN 9 include a listing of modalities, per site ?

        Yes, when it becomes necessary.

3.   Annual studies per site, per modality are needed to properly configure the PACS. Please provide.

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FY 2011	10/1/2010 - 9/30/2011	64,680	55,836	70,700	105,188	85,970	178,424
FY 2012	10/1/2011 - 9/30/2012	65,204	56,197	69,200	105,737	84,036	179,723
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FY 2016 (Estimated)	10/1/2015 - 9/30/2016	60,000	61,100	76,771	101,528	87,588	206,000
FY 2017 (Estimated)	10/1/2016 - 9/30/2017	60,000	62,330	80,610	103,558	89,339	215,000
FY 2018 (Estimated)	10/1/2017 - 9/30/2018	60,000	63,580	84,641	105,629	91,126	225,000
FY 2019 (Estimated)	10/1/2018 - 9/30/2019	60,000	64,850	88,874	107,742	92,949	235,000

4.   What is the PACS at each of the sites?

        Memphis - GE Centricity – Current upgrade to Version 3.2 in progress.

Tennessee Valley – Philips iSite 3.6x – Current upgrade to IntelliSpace 4.4 in progress

5.   Are the studies stored in a DICOM Part 10 format?

Unknown at this time.

On what media are the studies to be stored (Tape, DVD, MOD, Hard drives)?

Vendor to specify proposed storage solution.

6.   Current operations workflow?

•   image acquisition from CR

•   image acquisition from a DICOM modality

•   communication with the external RIS

•   database access by a workstation

•   exam selection and image display

•   archiving

•   ad hoc de-archiving

•   VNA storage and retrieval

These steps are accurate.

7.   Current emergency registration and scheduling workflow?

Unknown at this time.

8.   Will film digitizers be utilized? If yes, what is the quantity, make/model along with current workflow using film digitizers?

Some film digitizers may remain but the details are unknown at this time.

9.   Current PACS back-up solution and workflow?

VistA RAD/ VistA Imaging for 4 sites and Commercial PACS for 2 sites.

10.   Make, model, current usage and available storage for current short-term and long-term storage?

See Question 4 above and item 3.1.1 in SOW.

11.   Annual growth projection per modality?

Unknown at this time.

12.   Average number of images per modality?

Unknown at this time.

13.   Current mechanisms to assure the security of all   system components to minimize loss of equipment or data due to theft or malicious tampering?

System components will be housed in appropriate, secured locations.

14.   Please confirm that the vendor is responsible for such work in 1.1.1.1 – 1.1.1.5 below? Or does VISN 9 have resources that the vendor can partner with in order to deliver the expected result.

1.1.1.1. Furnishing and installing all connecting cables. Power Cable/Network Cables of length determined by distance to the Vendor provided router/switch

Vendor responsible.

1.1.1.2. Furnishing and pulling all interconnecting wiring and cabling, including wiring and cabling to be pulled through conduit and raceways for Vendor supplied equipment

VA responsible.

1.1.1.3. Furnish and install required junction boxes, wall/ceiling mounts and support structures for Vendor supplied equipment

VA responsible.

1.1.1.4. Furnish and install all wiring, cables, conduits, junction boxes, outlets and connections to connect with existing systems

VA responsible.

1.1.1.5. Conduct all work in compliance with federal and state or local code requirements, design data, and other factors necessary to design and install the system at each facility'

Vendor and VA responsible.